



Washington Hearing Society Membership Application

Name _____ Date _____

Home Address _____, _____, _____

Business Name _____

Business Address _____, _____, _____

Phone: _____
Business Residence Mobile

Fax: _____ Email Address: _____

Membership Category:

Voting Class. Any WA State licensed professional in good standing and who holds a valid WA state license as a Hearing Aid Specialist or Audiologist. \$150 Annual Membership Fee*

Associate Class (Regular). Includes Out-of-State HIS's or Audiologists; WA business owners; manufacturers or their representatives doing business in WA; Employees of a WA state hearing aid company. \$100 Annual Membership Fee*

Associate Class (Student). Students enrolled in WA State hearing healthcare training, education, Vocational programs including colleges and universities, and the WHS HAST program. \$35 Annual Membership Fee*

Sustaining Class. Any individual or business entity that chooses to make a significant gift to the Society. (Contact the WHS Board for more information.)

WA State License # _____ Other State License # _____

Past Employment. (Please include the last five years – Company, City, State):

- _____
- _____

I certify that I am not under investigation by the WA Dept. of Health nor do I have any formal statement of charges pending by any regulatory agency.

I agree to uphold the International Hearing Society's Code of Ethics.

Applicant Signature Date

----- Do Not Write Below This Line -----

WA DOH Clearance Board Approval

For NEW applications received between 1/15 and 3/31, the membership fee will be reduced 10%. If received April 1 – June 30th, the fee will be reduced 25%. If received July 1 – Sept 30th, the fee will be reduced by 50%. If received October 1 – Dec 31st, the fee will be reduced by 75%.